



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN

City of Hospital: Bremen

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Aubrey Lint

Email Address: alint@beaconhealthsystem.org

Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$12044007	Contractual Allowance	\$21759968
Outpatient Patient Service Revenue	\$35206468	Other Deductions	\$1470506
Total Gross Patient Service Revenue	\$47250475	Total Deductions	\$23230474

3. Total Operating Revenue	
Net Patient Service Revenue	\$24020002
Other Operating Revenue	\$346194
Total Operating Revenue	\$24366196

4. Operating Expenses	
-----------------------	--

Salaries and Wages	\$8520664	Employee Benefits	\$2226820
Depreciation and Amortization	\$1032565	Interest Expense	\$401666
Bad Debt	\$541253	Other Expenses	\$11778725
Total Operating Expenses	\$24501693		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-135498	Total Assets	\$20114000
Net Non-operating Gains over Loss	\$46386	Total Liabilities	\$18474000
Total Net Gains	\$-89112		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24006556	\$10739573	\$13266983
Medicaid	\$5518119	\$3832929	\$1685190
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17725801	\$7187466	\$10538335
Total	\$47250476	\$21759968	\$25490508

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$18620	\$-18620

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$1182	\$10444	\$-9262
Community Education	\$0	\$6679	\$-6679

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$55867
--------------------------	---------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$28332	
HCI Payments	\$0		
Subtotal	\$0	\$28332	\$-28332
Medicaid Shortfalls	\$1685190	\$2798416	
Subtotal	\$1685190	\$2826748	\$-1141558
DSH Payments	\$0		

	Subtotal	\$1685190	\$2826748	\$-1141558
Medicare Shortfalls		\$13266983	\$12174500	
Other Government Programs		\$0	\$0	
	Total	\$14952173	\$15001248	\$-49075

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1604026	\$3714873	\$-2110847
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$66383	\$-66383
Other Allocations	\$0	\$0	\$0

Comments

//